

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90160 040 ***150.00

DOCUMENT # P02000012894

1. Entity Name
EUROPA COMMUNICATIONS, INC.



Principal Place of Business
**11266 W HILLSBOROUGH AVE. SUITE 124
TAMPA FL 33635**

Mailing Address
**11266 W HILLSBOROUGH AVE. SUITE 124
TAMPA FL 33635**

AND NOTHING



2. Principal Place of Business

7505 CANVASBACK DRIVE

3. Mailing Address

5320 LITTLE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 101

City & State

NEW PORT RICHEY

City & State

NEW PORT RICHEY FL

Zip

Country

34654-5814 PASCO

Zip

Country

34655-1294 PASCO

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0546-936

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCE, LAWRENCE

**11266 W HILLSBOROUGH AVE, SUITE 124
TAMPA FL 33635**

7. Name and Address of New Registered Agent

Name

LAWRENCE B. FRANCE

Street Address (P.O. Box Number is Not Acceptable)

5320 LITTLE ROAD PMB 101

City

NEW PORT RICHEY

FL

Zip Code

34655-1294

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lawrence B. France
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **FRANCE, LAWRENCE**
STREET ADDRESS **11266 W HILLSBOROUGH AVE, SUITE 124**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE **VD** ☐ Delete
NAME **FRANCE, JENNIFER**
STREET ADDRESS **11266 W HILLSBOROUGH AVE, SUITE 124**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **France, Lawrence**
STREET ADDRESS **5320 LITTLE ROAD # 101**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655-1294**

TITLE **VP** ☒ Change ☐ Addition
NAME **FRANCE, JENNIFER**
STREET ADDRESS **5320 LITTLE ROAD # 101**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655-1294**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lawrence B. France
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03

Date

727-842-8794

Daytime Phone #

0470953 AV

CR2E034 (10/02)